Procedimiento: Los datos usados en este estudio hacen parte de la validación del instrumento OTAS (Observational Teamwork Assessment for Surgery) en Colombia. Una observadora experta en el OTAS ingresó a las salas de cirugía y registró los puntajes otorgados a cada subequipo (anestesiólogos, cirujanos, enfermeros e instrumentadores quirúrgicos) en cinco comportamientos (comunicación, coordinación, cooperación, liderazgo y conciencia situacional) para las tres fases quirúrgicas (pre, intra y post operatorio). Se aplicó la prueba U de Mann-Whitney, se hizo la corrección de Bonferroni para el alfa rechazando la hipótesis nula cuando el alfa era igual o menor a 0,004, manteniendo así un margen de error para el estudio de 5%. **RESULTADOS:** Se encontró que los puntajes obtenidos en el OTAS fueron diferentes en la institución privada comparada con la pública (Z=4,77; p=0,0000), al realizar comparaciones discriminadas se encontraron diferencias significativas en los subequipos de anestesiología (Z=12,17; p=0,0000), en los comportamientos de liderazgo (Z=3,56; p=0,0004) y conciencia situacional (Z=3,20; p=0,001) y en las fases pre quirúrgica (Z=4,41; p=0,0000) y post quirúrgica (Z=4,20; p=0,0000), en todos estos casos los puntajes fueron mayores en los equipos de la institución privada. **CONCLUSIONES:** Teniendo en cuenta el diseño los resultados no pueden ser generalizados. Los hallazgos sugieren una diferencia en algunas habilidades no técnicas e interacción en los equipos de salud según el tipo de institución, esto puede estar relacionado con cumplimiento de protocolos y mayor control de calidad implementados en la institución privada.

HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs

PHP47
APPLICATION OF HEALTH TECHNOLOGY ASSESSMENT AND PHARMACOECONOMICS IN THE DECISION-MAKING PROCESS IN SELECTED EU MEMBER STATES

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BACKGROUND: The application of Health Technology Assessment (HTA) and Pharmacoeconomics (PE) into real health policies in selected European countries (Austria, Bulgaria, Croatia, Czech Republic, Germany, Hungary, Latvia, Poland, Romania, Serbia, Slovakia, Slovenia, UK) was analyzed based on the outputs from the conference "Optimalization of Methods of PE and HTA: Importance for National Health Policy and Cross-Border Cooperation" (Slovakia, 10/2012). **OBJECTIVES:** The objective of the paper was to compare the systems and to find the most transparent one based on the pre-defined criteria. **METHODS:** The primary method used for the analysis was structured evaluation of the outputs from the conference. The other relevant information resulted from the systematic review of PUBMED, EMBASE and CENTRAL in years 2011-2012 extended to official websites of public health institutions and officially published data with the objective to select all papers on HTA/Pharmacoeconomics related to selected European countries. We evaluated 9 characteristics relevant for the decision-making process: legislative background, implementation, binding force, institutionalization, qualified personal resources availability, existed methodology/guidelines, clarity of the process, patient involvement in the process, and respecting the deadline of 180 days for issuing a decision. **RESULTS:** Resulting from the analysis, of selected countries, the UK was shown to have the most transparent system. Germany and Austria ranked second. Hungary and Poland ranked third, followed by Slovakia. The least transparent system was found in Bulgaria and Romania. **CONCLUSIONS:** One of the criteria was qualified personal resources availability that immediately discriminate systems in smaller central and eastern European countries. This should result in developing tailored approaches rather than copying technocratic "western" systems. The system prepared in Romania based on multiple criteria decision analysis principle could be regarded as a positive example.

PHP48
EXPERIENCIA INICIAL CON UN NUEVO TIPO DE DOCUMENTO DE EVALUACIÓN DE TECNOLOGÍA SANITARIA: "INFORMES DE MESA DE AYUDA"

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OBJECTIVOS: Si bien la utilización de Evaluación de Tecnologías (ETS) para la toma de decisiones es cada vez más utilizada en Argentina, es habitual la disociación entre el tiempo para la toma de decisiones cotidianas y el que demanda la realización de informes tradicionales. El Instituto de Efectividad Clínica y Sanitaria (IECS), una de las principales agencias de ETS de Latinoamérica, provee informes a instituciones públicas, de seguridad social y seguros privados. Se diseñó un nuevo tipo de documento orientado a responder una consulta puntual (motivada por un caso real), de respuesta en 48-72 hs, denominado Informe de Mesa de Ayuda (IMA). El objetivo es describir la experiencia del primer año y evaluar cuáles son las tecnologías más solicitadas como IMA por un grupo de decisores de Argentina y Uruguay. **METODOLOGÍAS:** Descripción y análisis de las bases de datos de IMA realizados por IECS. **RESULTADOS:** Entre enero de 2011 y febrero de 2013 se realizaron 110 IMA. El 78% de los pedidos correspondieron tecnologías terapéuticas (54% dispositivos, 26% procedimientos y 20% radioterapia), 15% a drogas y 7% a tecnologías diagnósticas. Esta distribución fue significativamente diferente a la observada en los informes de ETS donde se observa que el 52% de los pedidos correspondieron a tecnologías terapéuticas, 34% a drogas y 14% a tecnologías diagnósticas. En cuanto a las áreas de interés el 17% de los IMA fueron relacionados con cáncer, el 14% con alteraciones neurológicas, el 12% con patologías traumatológicas, 11% gastrointestinal, 11% con trastornos urinarios, siguiendo en frecuencia motivos quirúrgicos, cardiovasculares, endocrinológicos, trastornos genéticos y oftalmológicos. **CONCLUSIONES:** Es factible implementar los IMA en 48-72 hs, para responder a consultas puntuales acotadas. El perfil fue diferente al de los informes de ETS tradicionales. Los IMA más solicitados fueron aquellos relacionados con tecnologías terapéuticas, siendo el área oncológica la más frecuente.

PHP49
FOLLOWING THE WESTERN HTA MODEL IN LATIN AMERICA: A SELF-FULFILLING PROPHECY?

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OBJECTIVES: Health technology assessment in Latin America has been relatively more mature than other similarly developed health systems. This research explores the trends of development of HTA in the region to understand similarities to the European HTA model. It further looks at relevance of having such a model in Latin America, the relevance of the complexity of the methodologies and utilities used and finally, the implications of these trends. **METHODS:** The study was conducted in Brazil, Mexico, Argentina and Columbia. Opinions of 18 stakeholders were collected via telephone interviews. Respondents included senior clinical oncologists(3), academics(4), policy advisors(2), senior bureaucrats in the health ministries(3), senior members of HTA bodies(4) and senior executives from manufacturers(2). A scoring system was devised to plot the level of complexity and maturity of the HTA systems / agencies both in Latin America and then comparing it with scores of a similar study across Europe and Australia. The responses around the relevance of the model and implications were analysed qualitatively adding perspective from the author's experience in these countries. **RESULTS:** The level of maturity of HTA processes in all the countries studied was seen to be generally high. The level of association with reimbursement processes was seen to vary. There was a split on the relevance of the European model to the Latin American context. Majority of the academics (n=3/4) and members of HTA bodies (n=2/4) felt that following highly complex European models was a necessary natural progression to the HTA development curve. This was not the observation with the rest of the stakeholders. **CONCLUSIONS:** There is thought to be a trend where there is a push by academics and HTA-related professionals towards making it similar to the European model, and thus increasingly complex. Greater international attention can be a reason, although it must be further explored.

HEALTH CARE USE & POLICY STUDIES – Patient Registries & Post-Marketing Studies

PHP51
IT APPLICATION FOR POST MARKETING DRUG REGISTRIES

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OBJECTIVES: Establishing an active postmarketing safety surveillance and analysis system, used by health professionals, regulatory bodies and sponsors. **METHODS:** The solution consists in making available to the entire community a set of online tools aimed to the data collection and analysis on innovative drugs. The introduction of online integrated environments ensures the appropriate use of drugs, help to monitor drug consumption and related costs and improves the real-time reporting of suspected adverse drug events. The surveillance system collects patients data in a common IT infrastructure within the same network. For 24 antineoplastic drugs the system provides also automatic procedures to manage the 'risk sharing' & 'payment by result' approach, that foresees partial or total refund of the cost sustained by the hospital pharmacy for the drug in case of progressive disease or unacceptable toxicity. **RESULTS:** This presentation will illustrate the Cineca methodological IT approach used also by the Italian National Medicines Agency. The system has been used for 70 innovative drugs from eleven different drugs categories: antineoplastic, antidiabetics, neurological, dermatological, antiasmatics, ophtalmologic, antireumatics and others. More than 500.000 patients were registered by more than 900 health structures in a timeframe of 7 years. **CONCLUSIONS:** The introduction of an online integrated environments ensures a more appropriate drug usage, help to monitor drug consumption and related costs and improves the real-time reporting of suspected adverse drug events.

HEALTH CARE USE & POLICY STUDIES – Population Health

PHP52
EXPLORING INCOME INEQUALITY IN SELF-REPORTED HEALTH STATUS IN CHILE AFTER THE HEALTH CARE REFORM OF 2005

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OBJECTIVES: Chile carried out a health care system reform in 2005 aimed at reducing health and health care inequities. This study assessed whether household income-related inequality in adult self-reported health status (SRHS) was reduced after this reform. **METHODS:** Before and after study design using the 2000 and 2009 CASEN surveys (252 748 and 246 924 participants, respectively) we compared the Erreygers concentration index (CI) for SRHS (binary variable: poor=0, fair/good=1) between these two years. Factors associated with good health were explored using weighted logistic regression models. Decomposition analysis of the CIs by "legitimate" (age, sex, marital status, number of household members) and "illegitimate" (income, ethnicity, rural/urban, education, occupation, type of health care provision) factors was conducted. **RESULTS:** Results indicated that there was a significant concentration of fair/good SRHS favoring the rich people in Chile in both years (Erreygers corrected CI for bounded binary variables was 0.165 [Standard Error 0.007] in 2000 and 0.053 [0.002] in 2009). We standardized the 2000 and 2009 CIs to assess horizontal inequity and decomposed them into "legitimate" factors such as age and sex and "illegitimate" factors, mostly socioeconomic conditions. Despite the fact that the CIs are not directly comparable between 2000 and 2009, our findings suggest that the CI might have decreased after the reform, but good SRHS continued

to be concentrated among the rich in both years. Decomposition indicated that "illegitimate" factors remained large contributors to income-related inequality in SRHS even after the equity-centered reform of 2005. **CONCLUSIONS:** Findings suggest that income-related inequality in SRHS might have decreased in Chile after the health care reform. Beyond this observed difference over time, the remaining inequality is still largely due to illegitimate factors that should be tackled through broader policies in the country.

HEALTH CARE USE & POLICY STUDIES – Quality of Care

PHP53
PERCEPTION OF USERS OF DRUG DISTRIBUTION PROGRAM IN BRAZIL

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OBJECTIVES: To characterize the users of access to medicines program developed in Brazil, known as *Aqui Tem Farmácia Popular* Program (PAFP), by identifying those users who migrated from other supply of basic medicines programs by means of a survey explicitly developed for this purpose. This work also seeks to evaluate the meeting customers' needs by the Program and its satisfaction level. **METHODS:** The survey instrument used gathering the users of *Aqui Tem Farmácia Popular* program has been applied in 15 counties from 14 Brazilian states. 1073 interviews composed the sample, in 27 establishments of private pharmacies, during august 2012. The collection instrument was composed by three blocks: questions concerning the use of the PAFP and other programs of medicines supply; user's profile information; and identification of the medicine supplied. **RESULTS:** The evaluation of the users migration from other programs identified that, before the PAFP, 52% of interviewed users was buying the medicines in the private pharmacy and more than 30% was using the Public Service in a Health Center of SUS, a piece of 11% began the treatment after the PAFP. More than 58% of users would use the service of the SUS if there was no PAFP. However, 36% of users reported that they would not use the SUS system for withdrawal of medicines. It was observed that 61% of users gave out to be economizing while withdrawing the medicines with gratuity or at a discount. **CONCLUSIONS:** The conducted survey made possible to characterize the users of PAFP showing aspects concerning the participation and the range of the program. Generally, it was found that the persons are satisfied and they reported to have saved with the program. They also pointed out the convenience they have with the possibility of the access to the medicine in any pharmacy with the PAFP.

PHP54
A NATIONWIDE SURVEY ON PATIENT SAFETY CULTURE IN JAPAN

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OBJECTIVES: To explore safety culture dimensions among health care professionals using Hospital Survey on Patient Safety Culture (HSOPSC) by developed by AHRQ (Agency for Healthcare Research and Quality). **METHODS:** We surveyed nationwide the situation of patient safety culture in 13 hospitals (5,760 persons) allowed for additional costs on patient safety countermeasures under the social insurance medical fee schedule. The questionnaire consists of seven unit-level aspects of safety culture including 24 items, three hospital-level including 11 items, and four outcome variables including nine items. **RESULTS:** An average number of beds was 360 beds (63 - 1,354 beds). With regard to ownership, 13 hospitals included three municipality and local incorporated agency hospitals, one public hospital, two juridical person with social insurance hospitals, six medical corporation hospitals, and one other hospital. Number of all respondents was 5,118 persons (response rate: 88.9%), and included 295 physicians (90.8%), 2,909 nurses (95.5%), and 146 pharmacists (96.7%). In terms of 12 dimensions, the overall average positive response rate (RR) for the 12 patient safety dimensions of the HSOPS was 49.2%, extremely lower than the average positive RR for the AHRQ data (61%). In terms of health care professionals, the overall average positive RR for pharmacists (46.2%) was lower than that for physicians and nurses (49.6% and 49.4%).With regard to pharmacists, the average positive RRs for 8 dimensions of the 12 dimensions were the lowest among three professionals, and three average positive RRs were the highest; Frequency of event reporting (pharmacists: physicians: nurses=73.6%:53.3%:67.9%), Non-punitive response to error (48.8%:42.6%:40.4%), and Staffing (29.1%:27.0%:25.4%). **CONCLUSIONS:** The HSOPSC measurement provides the evidence for assessment of patient safety culture in Japan's hospitals. This result that patient safety culture has been in a state of development, compared with the US hospitals.

PHP55
COST AND QUALITY OF DYING IN HOSPITAL: RESULTS FROM THE ARGENTINE-HEALTH CARE COST AND UTILIZATION PROJECT (A-HCUP)

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OBJECTIVES: Little is known about dying in Argentina, we studied costs and readmissions (ReH) <30 days of hospital dying adults. **METHODS:** A cross sectional study of 1 year hospital discharges, with HCUPs methods, of patients ≥19 yrs old. We obtained deaths, first admission (1 adm) and ReH ≤365 days and ReH <30 days; total direct medical cost (TC I$), mean (I$) (SD), median I$ (Q1-Q3) discharge cost, (in I$ PPP, 2008), stratified by age/sex, admissions and ReH <30 days and <365 days. **RESULTS:** Total mortality for ≥19 yrs old patients was 4,70%. Among 2137 deaths, Total cost of those dead in hospital, TC I$: 40 540 842 ; mean cost per discharge (I$) was 19853 (SD 45 599); Median cost per discharge I$ 4182; (Q1: 1452-Q3: 17730 I$), comprising 8,31 % of TC I$. Among 43321 discharges, TC$ of those alive, TC: 447 300 754 I$; mean cost per discharge ($) was 10569 I$ (SD 21 217); Median cost per discharge 14 091 I$; (Q1: 2 496- Q3:10 054 I$). Relative dead /alive I$ was 1,88 times higher. Mean discharge cost of deceased stratified by age group (mortality 19-64 yrs. old: 1,52%, I$ 48332, age 19-64/≥19 yrs old ratio: 2,43; 65-74 yrs old: 4,72%,I$ 25968, age ratio: 1,31; 75-84 yrs old: 8,45%; I$ 15471, age ratio: 0,78; 85+ yrs old: 14,09%, I$ 7832, age ratio: 0,39), and sex, males (47,4%) had a I$: 22679 (M/F I$ ratio: 1,45). In 1 adm.(53% of deaths), mean cost was I$ 23 792; while ReH ≤365 days (47% of deaths), I$ 13 530, cost ratio ReH/1 adm= 0,57 ; and if ReH <30 days (29,5%), I$ 12354, cost ratio ReH<30/1 adm=0,52. **CONCLUSIONS:** Understanding the economic burden of dying helps promote better and cost-effective ways of promoting palliative care, old and readmitted deaths are less costly.

HEALTH CARE USE & POLICY STUDIES – Regulation of Health Care Sector

PHP56
FROM "GENERIC SCHEME" TO "BRAND-GENERIC SCHEME": THE EFFECT OF NEW POLICY (2003-2004) ON EFFICIENCY OF IRANIAN PHARMACEUTICAL INDUSTRY

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OBJECTIVES: Brand-Generic scheme was implemented in Iran to improve the competition in the market. In this study we aim to assess if this new policy has had any positive effect on efficiency of Iranian pharmaceutical companies. **METHODS:** We used Data Envelopment Analysis (DEA) to evaluate the relative efficiency of pharmaceutical companies for the years 1999-2008. The Wilcoxon matched-pairs signed-rank test and also sign test were used to assess the difference between mean relative efficiency of companies before and after policy. **RESULTS:** Although the Wilcoxon matched-pairs signed-rank test did not show any significant difference between before and after new policy in term of both technical and pure (managerial) efficiency of included companies (Pvalue: 0.079 and 0.07, respectively) but the one–sided sign test indicated that only relative pure (managerial) efficiency has improved after this policy (Pvalue: 0.031). **CONCLUSIONS:** The "Brand-Generic scheme" does not seem to be enough policy to improve efficiency of pharmaceutical companies in Iran. To achieve this aim, paying special attention to infrastructural requirements including non-discriminating and transparent laws and regulations for supporting competition, the competitive pricing policies, the presence of international companies in the market and full privatization of companies had to be also considered by policy makers.

PHP57
REGULATING THE ACCESS TO AN ADEQUATE AND AN INTEGRAL ASSISTANCE IN BRAZILIAN PRIVATE HEALTH PLANS

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OBJECTIVES: To describe the main actions promoted by the The Federal Regulatory Agency for Private Health Insurance and Plans (ANS) to regulate the access of private health plans beneficiaries to an adequate and an integral assistance. **METHODS:** A retrospective analysis of data about coverage in health plans since ANS creation (1999) was done to identify the main actions promoted by the agency in this area. It included the set of rules published and ANS periodic publications. **RESULTS:** A very important identified mechanism that ANS employs for regulating the users access to a full assistance is the elaboration of a list of medical procedures. This list constitutes the minimum obligatory coverage for all plans. It is periodically reviewed and incorporations and/or exclusions are made according to some precepts like: clinical evidence, epidemiological relevance, among others. The guidelines implementation is another important instrument identified in this study to the improvement of private health assistance. ANS established a collaboration term with the Brazilian Medical Association (AMB) to develop guidelines, to spread and to monitor their implementation. **CONCLUSIONS:** The actions presented are the main one promoted by ANS to regulate the access to an adequate and an integral assistance. They can also improve the sector efficiency along with the rational use of techniques and medical technologies. The instruments discussed will be a guide to upgrade the health plans management and their efficiency. The patients will have safer end more effective treatments and ANS keeps the balance and promotion of health in private health with a new model.

PHP58
A MEDIAÇÃO DE CONFLITOS NA AÇÃO FISCALIZATORIA DO SETOR DE SAÚDE SUPLEMENTAR BRASILEIRO

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OBJETIVOS: Demonstrar a eficácia da utilização de meios consensuais de mediação de conflitos pela Administração Pública no controle e fiscalização do cumprimento das normas que regulam a assistência suplementar à saúde no Brasil. **MÉTODOS:** Desde 2010, a ANS – Agência Nacional de Saúde Suplementar implementou o procedimento NIP (Notificação de Investiação Preliminar), cujo objetivo é realizar a mediação de conflitos entre operadoras de planos de saúde e consumidores, no que tange a situações que envolvem negativa de cobertura assistencial. A NIP é um processo totalmente eletrônico, que confere maior celeridade e eficácia na resolução das reclamações dos consumidores, induzindo uma melhora na relação operadora/consumidor. Com a NIP, as operadoras têm prazo de 5 dias para solucionar o conflito junto ao beneficiário e responder à ANS sobre as medidas tomadas. Após processamento na NIP, a reclamação pode ser finalizada por inexistência de infração, reparação de conduta ou encaminhada para abertura de processo administrativo, nos casos em que o conflito não foi resolvido. **RESULTADOS:** Desde sua implementação, a resolutividade dos conflitos na NIP manteve-se acima de 70% do total de reclamações recebidas, o que em 2012 significou a conclusão de 42.672 das 54.412 denúncias de negativa de cobertura assistencial (78,4% de resolutividade). Antes de seu advento, as reclamações eram analisadas por meio de instituição de processo administrativo sancionador, que duravam, em média, 18-24 meses para sua conclusão, podendo levar ao arquivamento da denúncia ou lavratura de auto de infração contra a operadora. **CONCLUSÕES:** A NIP conferiu maior eficácia ao processo fiscalizatório da ANS, proporcionando maior